

Michigan Department of Natural Resources Law Enforcement Division / Grants Management

OFF-ROAD VEHICLE and ALL-TERRAIN VEHICLE SAFETY EDUCATION PROGRAM GRANT APPLICATION

GRANT APPLICATION

This information required under authority of Part 811, 1994 PA 451, as amended, to be eligible for grant funding.

Applicant		
Applicant (name of organization or agency)		Contact Person
Address		
City, State, ZIP		
Telephone ()	E-mail	
Instructors		
Provide the full name of each instructor and any assistants th completed <i>Michigan Recreational Safety Training Instructor A</i>	at will be he	elping with the classes. Attach a separate, PR9186) for each instructor and assistant.
Course Content		
Attached is:		
☐Copy of Instruction Materials ☐Copy of Test Materials	□Сору	y of Outline for classroom instruction and riding

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Classes List the instructors, locations at each location. Attach additional	nd dates of classes to be held by each instructor and tall sheets if necessary.	he estimated number of s	tudents at
	·	Date(s)	Estimated # of Student(s)
Instructor(s)	Location(s) - Provide name of facility and address	(mm/dd/yy)	or Student(s)
-			
-			
	Total Estima	ated Number of Students	\$
Certification			
	ovided as part of this grant application, including attach	nments and enclosures, is	true and
accurate to the best of my know	wledge.		
Signature of grant applicant represe	entative	Date	
Printed or typed name of grant app	licant representative	_	
Send completed Application to			
Cond completed Application to	DEPARTMENT OF NATURAL RESOURCES PO BOX 30425		

LANSING MI 48909-7925

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PR1831 (Rev. 07/11/2006)